

REQUEST FOR APPLICATIONS (RFA) 0728-06

**District of Columbia
Department of Health
Administration for HIV Policy and Programs (AHPP)
Prevention and Intervention Services**



Invites the Submission of Applications for Funding under the District of Columbia, Budget Support Act for FY 2007 (Local DC Appropriated Funds).

**Announcement Date:
July 28, 2006**

**RFA Release Date:
July 28, 2006**

**Application Submission Deadline:
August 28, 2006
5:00 p.m.**

“N O T I C E”

PRE-APPLICATION CONFERENCE 2007 HIV Prevention Interventions & Services RFA # 0728-06



WHEN: August 3, 2006

WHERE: Administration for HIV Policy
and Programs
64 New York Avenue, NE
Suite 5001
Main Conference Room

TIME: 2:00 p.m. to 4:00 p.m.

CONTACT PERSON: Ms. Shantell Lewis
Program Assistant
Administration for HIV Policy and Programs
64 New York Avenue, NE
Shantell.lewis@dc.gov
(202) 671-5056



Checklist for Applications

- ❑ The applicant organization/entity has responded to all sections of the Request for Application.
 - ❑ The Applicant Profile, found in Attachment A, contains all the information requested.
 - ❑ The Program Budget is complete and complies with the Budget forms listed in Attachment F of the RFA. The budget narrative is complete and describes the categories of items proposed.
 - ❑ The application is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **using 12-point type with a minimum of one inch margins**.
 - ❑ The proposal summary section is complete and is within the page limit.
 - ❑ The project description section is complete and is within the page limit.
 - ❑ The applicant is submitting the required six (6) applications of its proposal, (1) application is an original.
 - ❑ The application proposal format conforms to the “Proposal Format” listed on page 20 of the RFA.
 - ❑ The Certifications and Assurances listed in Attachments B and C are complete and contain the requested information.
 - ❑ The appropriate appendices, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
 - ❑ The application is submitted to **the Administration for HIV Policy and Programs (64 New York Ave, NE – Suite 5001)** no later than 5:00 p.m., on the deadline date of **August 28, 2006**
 - ❑ The application is submitted with two original receipts, found in Attachment G, attached to the outside of the envelopes or packages for Administration for HIV Policy and Programs (64 New York Ave, NE – Suite 5001) approval upon receipt.
 - ❑ Appendices are included in the proposal submission. Appendices are not included in the page total.
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**District of Columbia
Department of Health
Administration for HIV Policy and Programs (AHPP)**

REQUEST FOR APPLICATIONS # (RFA) 0728-06

Prevention and Intervention Services Grant

SECTION I - GENERAL INFORMATION

The mission of the District of Columbia, Department of Health Administration for HIV Policy and Programs (AHPP), Bureau of HIV Prevention and Intervention Services is to assess the prevalence of HIV disease within the District of Columbia; develop and implement HIV prevention programs that support reduction of HIV transmission and encourage individual, group and community level behavior change; increase the number of District residents who know their sero-status; formulate HIV policies and programs that address the needs of all sectors of the community; maximize the utilization of human, financial, technological and other resources necessary to prevent HIV transmission; and assure that quality HIV services are delivered in a timely and culturally appropriate manner. AHPP's standards for the provision of HIV prevention services ensure that individual, group and community level HIV prevention interventions and HIV counseling, testing and disclosure programs are designed to:

- Educate all residents of the District about HIV, as well as how HIV is transmitted and how HIV transmission can be prevented;
 - Increase public awareness regarding modes of HIV transmission during sex with a man or women; through using shared injection equipment; and through multiple sex or drug using partners;
 - Significantly increase the number of persons who know their HIV-status;
 - Increase access to counseling and testing services all residents in the District of Columbia between the ages of 14 – 84 who are reached through outreach and other prevention and health education and HIV transmission reduction activities;
 - Increase access to coordinated systems of care and prevention providers for those persons who are HIV-positive, and provide HIV testing and risk reduction counseling to their partners;
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- Demonstrate effectiveness through the monitoring and evaluating outcomes of individual level, group-level and community level interventions.

Purpose of This Solicitation

The Government of the District of Columbia Department of Health (DOH), Administration for HIV Policy and Programs (AHPP) is soliciting community based providers to supply HIV counseling, testing and referral services (CTRS) and partner counseling and referral services (PCRS) for the residents in all eight (8) wards of the District of Columbia. Each grantee is required to demonstrate that sufficient capacity and expertise to provide CTRS and PCRS services to the residents of the Ward(s) chosen for proposed service delivery.

The primary target populations for CTRS and PCRS services under this grant announcement are men of color, adolescents of color and women of color. Applicants may propose to provide services to residents of the District of all ages, including youth, adolescents, adults and senior citizens. The *District of Columbia HIV Prevention Plan for 2003 – 2006* identifies priority populations. Applicants may propose services for these groups as sub-populations of the main target groups under this grant program - women of color, men of color and adolescents of color. Applicants should include in their proposal outreach and education initiatives directed at the main target groups to increase the number of individuals presenting for HIV-testing.

CTRS includes the provision of standardized pre and post counseling services, HIV rapid testing and/or traditional HIV testing, as well as appropriate client centered referral services to persons who receive a positive result from an HIV test. All HIV testing, counseling, and referral services provided by the grantee shall meet the standards established by the Center for Disease Control (CDC) and AHPP. Research from the CDC and other sources indicates that persons who are HIV positive and aware of their sero-status are less likely to engage in behaviors that result in HIV transmission. Individuals who know their HIV status, have to and actively participate in care and treatment live longer and healthier lives. Therefore, efforts to ensure that more individuals know their HIV sero-status benefits both those who are HIV positive and those who do not have the virus.

The goal of HIV PCRS is to interrupt the spread of HIV by offering HIV counseling and testing services to sexually active adults and their sex and/or needle sharing partners, and referring both positive and negative partners to additional services that will help them to reduce their risk of transmitting and/or contracting HIV.

All grantees will be required to provide regular on-going outreach and community level activities to insure that contact and recruitment for CTRS and PCRS occurs within the general public, and to reach the priority target populations for these grant program-- adolescents of color, women of color and men of color. The primary purpose of



outreach within the guidelines of this solicitation is to contact, educate and recruit individuals at risk for HIV transmission or living with HIV but unaware of their sero-status into CTRS. HIV outreach interventions conducted by grantees should be conducted by highly skilled professional peer educators in areas, settings or venues where the target population congregates. Outreach must be conducted by program staff in person with high-risk/hard-to-reach individuals. Condoms, safer sex kits (e.g., condoms/latex barriers with instructions, lubricants), promotional and educational materials must be distributed. Grantees will be required to participate in outreach meetings convened by AHPP.

All grantees will be required to participate in reporting to counseling and testing system for publicly funded HIV testing sites and utilizing AHPP-required reporting tools, including CDC's Performance Evaluation Monitoring Systems (PEMS) currently being developed by CDC. Grantees will be required to demonstrate readiness, or provide a plan to become ready to implement PEMS, upon award of grant funds.

Acceptable work under this grant must be consistent with the following goals:

1. To increase the number of District residents who know their HIV status and are referred to HIV prevention, early intervention services, sexually transmitted disease (STD) screening/treatment and supportive programs.
2. To increase the number of District residents who receive streamlined individual prevention counseling.
3. To increase the number of District residents who obtain their HIV test results.
4. To significantly increase the number of partners who are identified and referred counseling, testing and referral services.
5. To provide counseling on perinatal transmission of HIV for pregnant women receiving CTRS and PCRS.
6. To increase access to early medical intervention for persons who test positive for HIV and their partners through CTRS and PCRS services.
7. To develop and implement HIV prevention education and outreach campaigns to encourage individuals within the main target groups to get tested for HIV.

This solicitation specifically requests the provision of culturally appropriate, evidence-based interventions which provide health education services and HIV prevention technology to individuals at risk for HIV transmission, re-infection and/or transmission of



HIV. Under this Request for Application (RFA), applicants may apply for funds to provide HIV prevention activities under the following area(s):

- 1. HIV Counseling, Testing and Referral Services**
- 2. HIV Counseling Testing and Referral Services Expansion Program**
- 3. East of the River HIV Initiative – Community Training and Referral Centers**

Specific program models, interventions and target populations reflect priorities established in the FY '07 Budget Support Act of 2006. Grantees may refer to the District of Columbia HIV prevention Plan for 2003 – 2006 for information on priority target populations and interventions in order to ensure that your application is consistent with the DC HIV Prevention Community Planning Group's recommendations.

Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for local grant funds under this RFA:

- Private entities including community development corporations, community action agencies, community-based and faith-based organizations;
- Private non-profit organizations;

Source of Grant Funding

The grants are made available through the District of Columbia, Budget Support Act for FY 2007 (Local DC Appropriated Funds).

Award Period

The program periods shall be for the duration of three years subject to continued availability of locally appropriated funds for ongoing implementation of HIV prevention programs described in this grant announcement.

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives and contingent upon availability of funds. AHPP reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population covered in all program areas. AHPP reserves the right to review performance targets and redistribute awards where there is evidence of under performance.

Grant Awards and Amounts



A total of **\$1,750,000** are anticipated to be available for the 2006 – 2007 HIV prevention program year. ward amounts and target populations selected shall reflect priorities established FY 2007 Budget Support Act of 2006. Grant awards will be made in four program areas:

Program Area 1 – HIV Counseling and Testing and Referral Services

\$900,000 is available for CTRS services targeting three PRIMARY TARGET POPULATIONS: adolescents of color, men of color and women of color. An additional \$50,000 is set-aside for CTRS activities for these target populations, but specifically for Wards 7 and 8.

Program Area 2 – Counseling Testing and Referral Services Expansion Program

\$300,000 is available to support the development of organizational capacity to implement CTRS targeting Three Primary Target Populations: adolescents of color, men of color and women of color.

Program Area 3 – East of the River HIV/AIDS Initiative

\$500,000 is available to establish 2 community training and referral centers in the Wards 7 and 8.

Program Area	Total Amount Available in Program Area	Approx. Number of Awards
1. HIV Counseling, Testing and Referral Services	\$950,000.00	Up to 5
2. HIV Counseling, Testing and Referral Services Expansion Program	\$300,000.00	3
3. East of the River Initiative	\$500,000.00	2

SECTION V separately outlines Program Overview and Requirements and Recipient Responsibilities for each program area. Please read this section carefully in order to ensure that you provide a fully responsive application and understand the administrative and program requirements for an HIV prevention grant in the program area for which you are requesting funds. SECTION VI outlines the SCORING CRITERIA and required PROPOSAL FORMAT for the application. Please note any specific formatting requirements for this program area.



SECTION II - SUBMISSION OF APPLICATIONS

Multiple Submissions

Any applicant desiring consideration to provide programs and services under more than one program area must submit a separate application for each program area as described in the general information section on page one of this RFA. Each application must be self-contained and include all of the required information **(including a separate budget)** as outlined in the RFA.

Contact Persons:

Grants Management

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Administration for HIV Policy and Programs
District of Columbia, Department of Health
64 New York Avenue N.E. Suite 5001
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Program

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Administration for HIV Policy and Programs
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(202) 671- 4860
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Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, Office of Grants & Contract Management with the following:

- Name of Organization
- Key Contact
- Mailing Address
- Telephone and Fax Number
- E-mail Address



This information shall be used to provide updates and/or addenda to the Prevention and Intervention Services RFA.

Pre-Application Conference

A Pre-Application Conference will be held at the Administration for HIV Policy and Programs on August 3, 2006 from 2:00 - 4:00 p.m.

Explanations to Prospective Applicants

Applicants are encouraged to mail or fax their questions to the grants management contact person listed above on or before August 2, 2006 5:00 p.m.. Questions submitted after the deadline date will not receive responses. Please allow ample time for mail to be received prior to the deadline date.

Application Identification

A total of **six (6)** applications are to be submitted in an envelope or package. Attachment D should be affixed to the outside of the envelope or package. Of the six- (6) applications, one (1) copy must be an original. DOH/AHPP will not forward the proposal to the review panel if the applicant fails to submit the required six (6) applications. Telephonic, telegraphic and facsimile submissions will not be accepted.

Application Submission Date and Time

Applications are due no later than 5:00 p.m., EST, on **August 28, 2006**. All applications will be recorded upon receipt. Applications **accepted at or after 5:01 p.m. will not be forwarded to the review panel for funding considerations**. Any additions or deletions to an application will not be accepted after the deadline of 5:00p.m. **August 28, 2006**

The six- (6) applications of the proposal **must be** delivered to the following location:

District of Columbia, Department of Health
Administration for HIV Policy and Programs
District of Columbia, Department of Health
64 New York Avenue N.E. Suite 5001
Washington D.C. 20002
(202) 671 - 4900
Attention: Mr. Leo Rennie

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services must be sent in sufficient time to be received by the **5:00 p.m. EST deadline on August 28, 2006** at the above location. Applications arriving via messenger/courier services after the posted



deadline of 5:00 p.m. will not be forwarded to the review panel by the DOH. NOTE: The building applicants are delivering applications is located in a secured building. DOH will not accept responsibility for delays in the delivery of the proposals. **LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL.**

SECTION III - PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants shall only use grant funds to support HIV/AIDS Prevention Service activities for the Prevention and Intervention Services Grant.

Indirect Costs Allowance

Applicants' budget submissions must adhere to a ten-percent **(10%) maximum** for indirect costs for the Prevention and Intervention Services grant. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

SECTION IV - GENERAL PROVISIONS

Insurance

The applicant when requested must be able to show proof of all insurance coverage required by law. All applicants that receive awards under this RFA must show proof of insurance prior to receiving funds.

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving HIV/AIDS Prevention and Intervention Services Grant.



SECTION V - PROGRAM SCOPES OF WORK

Section V provides a separate overview of each Program Area. Each overview provides a program description and/or program goals, and outlines target populations/sub-populations to be reached, and recipient responsibilities for each Program Area. See SECTION VI for application formatting requirements and review criteria.

Program Area One- HIV Counseling, Testing and Referral Services

A. PROGRAM OVERVIEW

This program is designed to increase the number of people in the District of Columbia who are aware of their sero-status and to reduce the number of people who are HIV positive and not in care. Recent reports from the Centers for Disease Control estimate that up to 25% of those infected with HIV are unaware of their sero-status and another 25% of those infected with HIV know of their sero-status but are not in care.

The purpose of this program is to provide HIV counseling testing and referral services that result in a significant increase in the number of persons in the District of Columbia who know their HIV status. The program is also designed to support organizations in creating and utilizing supported referral and linkage networks that will connect those who test positive for HIV into appropriate care and prevention services.

AHPP's goals and activities for this program include:

- Providing quality HIV Testing, Counseling and Referrals Services to residents of the District of Columbia
- Taking definitive steps to make HIV testing a routine part of medical care
- Creating new models for diagnosing HIV outside of medical settings
- Preventing new infections by linking persons who test positive to care and prevention services.
- Developing and implementing innovative strategies for reaching high risk populations
- Educating all District residents between 14-84 about HIV testing and transmission
- Providing counseling and referral services for persons with identified risk for HIV infection.
- Identifying the partners of individuals who test positive for HIV and linking them to counseling.



Organizations seeking funds under this RFA must demonstrate the capacity to reach the target populations outlined in their application. Applicants should describe previous experience implementing HIV counseling and testing program and related services targeting the population for which they are seeking fund. Successful applicants will be required to establish collaborative linkages, via service-level agreements with referral agencies and to exhibit the capacity to track and monitor referrals to and from the funded-program in a manner that is sustaining and meaningful to the consumer.

Any program funded under this initiative must employ best practices for HIV Counseling, Testing and Referral Services as recognized by the CDC and AHPP. Successful applicants will be required to participate in ongoing workgroups and program meetings developed and sponsored by AHPP for HIV Counseling, Testing and Referral Services to ensure that best practices and strategies are shared and appropriate protocols are followed. They will also be required to attend four HIV Prevention Community Planning Group meetings and at least four citywide AHPP citywide events.

B. PERSONS TO BE REACHED

While AHPP is committed to provide services to the general public within these specific programs special emphasis will be placed on ensuring that high priority target populations be identified and reached. Services will be provided to the community at large with an emphasis on the populations identified as a priority by the District of Columbia HIV Prevention Community Planning Committee. Prioritized target populations are outlined in the most recent version of the District of Columbia HIV Prevention Plan.

Under Program One each grant recipient must provide HIV CTRS for all of the residents of the District of Columbia without regards to race, ethnicity or gender between the ages of 14-84.

Fifteen target populations have been identified for this program announcement. While AHPP's strategy for HIV Counseling Testing and Referral Services is community wide, the applicants for Program One must define a specific target population / HIV- risk behavior upon which they will target their efforts and have their ensuing performance evaluated.

Under Program Area 1, applicants must choose to reach at least one of the primary target populations for this grant program--adolescents of color, men of color, women of color. Applicants may also choose to target services to secondary target population(s). Within the application narrative it is important that the applicant give sufficient cause as to appropriateness of the choices for both the primary and secondary target populations and suitability must substantiated by both past performance and proven ties to the communities in question.



Secondary populations for this program are:

Adolescents and Young Adults (ages 13 to 24)
African American Heterosexual Men
African American Heterosexual Women
African American Homosexual Men
African American Men Who Have Sex with Men
Commercial Sex Workers
Deaf and Hard of Hearing Persons
Homeless Persons
Incarcerated Men and Women
Injection Drug Users
Latino Heterosexual Men
Latino Heterosexual Women
New Immigrants (African, Caribbean, A/PI)
Non Injection Drug Users
Transgender Persons (female to male and male to female)
White Men Who Have Sex with Men
White Heterosexual Men
White Homosexual Men

Proposals must described strategies that will be used to reach individuals who engage in the following behaviors that place that at risk of HIV transmission:

- unprotected anal intercourse
- unprotected vaginal intercourse
- exchange of blood through sharing injection equipment
- multiple sex and/or injection equipment sharing partners

These examples are not in priority-order. However, the applicant should identify target populations/risk groups that have been prioritized by the District of Columbia, HIV Prevention Community Planning Group, identifying the need areas, available community resources, gaps and barriers to reaching the targeted population. Populations tested by the grantee that are not from their chosen target population shall be considered as general population with regards to their program's performance evaluation.

C. PROGRAM MODELS

HIV Counseling, Testing and Referral Services (CTRS)

Counseling, Testing and Referral Services is comprised of a collection of activities that are designed to increase the client's knowledge of his/her HIV serostatus, encourage and support practices that reduce HIV transmission and provide appropriate referrals to medical care, prevention resources and Partner Counseling and Referral Services



(PCRS). There are five core services that are necessary to the provision of quality CTRS. Each grantee will be responsible for:

1. Providing of information concerning HIV modes of transmission, the HIV testing process and the meaning of a positive or negative test result.
2. Providing client centered counseling about methods to reduce HIV transmission and the need for HIV testing.
3. Performing HIV testing using the best available method appropriate for the population served.
4. When using rapid HIV test devices, ensuring that all standards and procedures related to the use of rapid testing including guidelines for providing preliminary results and obtaining specimens for confirmatory results are followed.
5. Addressing the client's needs for additional services and providing supported referrals and linkage to the appropriate providers.

Basic Knowledge Required

Applicants must demonstrate an understanding of the impact of HIV and HIV-risk for the populations and sub-groups they will target. This includes understanding modes of transmission, behaviors which lead to HIV transmission and access points for target populations in the District of Columbia, in specific neighborhoods/geographic areas and in venues in which the program activities will be implemented.

To be eligible for consideration as a CTRS provider the applicant must also provide documentation of the following:

1. Clinical Laboratory Improvement Amendments (CLIA) certification or certification of waiver;
2. A rapid-test quality assurance plan;
3. Documentation that all rapid test operators are adequately trained in accordance with DOH/AHPP training and certification standards; and
4. Meet all criteria delineated in the DOH/AHPP Eligibility Checklist for CTR rapid test providers.

Quality Assurance

In accordance with FDA and CLIA regulations, all rapid HIV test programs must institute a quality assurance program which includes a system to train rapid test operators. National quality assurance guidelines are available at the following web site: http://www/cdc/gov/hiv/rapid_testing/materials/QA-Guide.htm.

Testing Methodology

The applicant must choose which mode of testing will be utilized and provide a staffing plan that meets the certification criteria for either Rapid HIV Testing or Conventional HIV Testing. Within the program narrative each applicant must specify whether testing will



be located at a fixed site, in the field in a mobile unit and both. Note: 90-95% of proposed testing must be confidential testing. Upon approval by AHPP, anonymous testing can also be provided as a part of the applicant's proposed program.

D. Specific Tasks and Deliverables

The following is a list of components required to constitute a full scope of work under the provisions of this request. It is expected that the successful grant recipients shall include a range for number of units, client targets and a budget.

1. The grant recipient is responsible for developing and implementing a program that serves to increase the number of District residents who know their HIV-status and are linked into primary medical care and case management, referred to HIV prevention, STD screening/treatment and supportive programs.
2. The grant recipient is responsible for developing and submitting written guidelines and policies for the provision of counseling, testing, and linkage/referral services at your agency.
3. The grant recipient is responsible for providing counseling to prepare the client for receiving and managing their test results if newly diagnosed. The counseling should direct the clients understanding to modification of behaviors that may compromise their health.
4. The grant recipient is responsible for scheduling and providing any persons testing positive for HIV with either a primary medical care or case management appointment at the time results are given.
5. The grant recipient is responsible for creating a client plan to ensure that persons who are infected and know their status are aware of and linked into primary medical care services, case management, and other appropriate treatment programs.
6. The grant recipient is responsible for providing linkages to early intervention services, primary medical care and or case management services to those who test positive within 21 days of delivering results. Of particular importance, referral for appropriate medical evaluation and clinical care, such as CD4 monitoring; viral load testing; antiretroviral therapy; and prophylaxis and treatment of opportunistic infections.
7. The grant recipient must establish a feedback mechanism between themselves and the agency/agencies providing the medical and support services. The established mechanism should be designed to track referrals for HIV infected



individuals for follow up on linkages and referrals and ensure that clients were able to obtain needed services.

8. The grant recipient is encouraged to give test results at the same location where the test was administered.
9. For individuals who test negative, the grant recipient is responsible for providing referrals to appropriate prevention and risk reduction programs such as Comprehensive Risk Counseling Services (CRCS).
10. The grant recipient is responsible for providing post-test counseling to at least 85% of those tested and providing practical information and education on living with HIV/AIDS disease, including the availability and use of treatment therapies.
11. The grant recipient is responsible for identifying the types of test (OraSure, OraQuick, etc.) that will be used and whether they will be anonymous or confidential tests.
12. The grant recipient is responsible for ensuring that all persons administering HIV screening tests are trained to deliver the tests and have signed a confidentiality statement. The sub-grantee must submit a list of trained staff and those in need of training.
13. The grant recipient is responsible for identifying the entity that will be used to train counseling and testing personnel and when the training will be conducted.
14. The grant recipient is responsible for submitting a copy of an established agreement with a laboratory for the transport and processing of tests.
15. The grant recipient is responsible for following the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
16. The grant recipient is responsible for attending Partner Counseling and Referral Services (PCRS) training, sending weekly e-mails every Monday to AHPP identifying what type of tests were performed for the preceding week, how many were positive and the number in need of assistance with PCRS.
17. The grant recipient is responsible for developing and submitting a copy of their plan to follow up with persons who are HIV infected and do not return for their results.



18. The recipient must develop program objectives and an evaluation plan based on the following specific **performance indicators**:
- a) Percent of newly identified, confirmed HIV-positive test results among all tests reported by your program
 - b) Percent of newly identified, confirmed HIV-positive test results returned to clients
 - c) Percent of HIV-positive test results of pregnant women among all tests reported by your program
 - d) Percent of contacts with unknown or negative serostatus receiving an HIV test after PCRS notification.
 - e) Percent of PCRS contacts with a newly identified, confirmed HIV positive test among contacts who are tested.
 - f) Percent of newly identified HIV-positive persons referred to primary medical (PM), case management (CM) and comprehensive risk counseling services (CRCS)
 - g) For those HIV-negative persons reached, the number of successful referrals made to other HIV prevention services, STD screening/testing, pregnancy testing/prenatal health services, substance abuse prevention/treatment services and HIV care, treatment or support services.
 - h) The mean number of outreach contacts required to get one person to access HIV counseling, testing and referral services.

Note: In order to establish a baseline for these indicators, please note the following: In a review of CTR data reported to AHPP from publicly-funded sites, approximately a 2.5 HIV-positivity rate was obtained. Positivity-rates for programs targeting some venues and risk groups reported up to 9.5 HIV-positivity rate.

19. The applicant should submit an evaluation plan to address the collection, monitoring, quality assurance, security and submission of data. Monthly process data reporting requirement are based on the program scope of services, including client and service targets reached, location of activities and type of HIV-tests administered.



SECTION V – CONTINUED (SCOPES OF SERVICES)

Program Area Two - HIV Counseling Testing and Referral Services Expansion Program

A. PROGRAM OVERVIEW

The objective of the **HIV Counseling Testing and Referral Services Expansion** program is to contribute to an increase in the quality, quantity or cost effectiveness of intervention activities and the sustainability of infrastructural systems that support these activities. The goal of CTRS Expansion program is to improve the performance of the HIV prevention workforce by ensuring scientifically sound and culturally proficient assistance through information sharing, training, provision of technical assistance and technology transfer.

This program area seeks to expand the availability of HIV CTRS services for residents of the District of Columbia. AHPP is committed to strengthening the competency of the HIV CTRS and PCRS workforce and the organizations that deliver these services. With the introduction of new technologies such as rapid testing and the new recommendations from the CDC for CTRS in both medical and non medical settings, it has become important that the delivery of CTRS and PCRS in the District of Columbia be enhanced in ways that are in keeping with new challenges being presented by 25 years of HIV infection in the U.S..

The purpose of this program is to expand CTR and PCRS service delivery capacity within existing CBO's who are not currently conducting CTR and/or PCRS. The intent of this program is to facilitate the creation of brand new programs with regards to CTR programming. The goals of the program are:

1. To create new opportunities for the delivery of HIV CTRS and PCRS for District residents.
2. To enhance the ability of community-based organizations (CBOs) located in communities of color to strengthen and sustain organizational infrastructures that support the delivery of effective CTRS and PCRS services;
3. To create the capacity for CBOs to implement, improve, and evaluate HIV CTRS and PCRS services for high-risk racial/ethnic minority individuals of unknown serostatus, including pregnant women, and people of color who are living with HIV/AIDS and their partners;



4. To improve the capacity of CBOs and other community stakeholders concerning how to implement strategies that will increase access to and utilization of HIV CTRS and PCRS services and;
5. To improve the relationship between CBO's wishing to perform CTRS and PCRS with AHPP with the explicit goal of including an increased number of HIV infected and affected racial/ethnic minority community members in the planning process for CTRS and PCRS in the city.
6. To prepare programs not currently providing CTRS and PCRS to conduct these activities. This program is especially design for programs that have a direct link to priority populations for this grant program—adolescents of color, men of color and women of color can demonstrate those linkages through other programmatic activities currently funded and in progress.

B. Program Model

The primary goal of the HIV Counseling Testing and Referral Services Expansion program is to provide an opportunity for CBO's to acquire the skills and resources to provide high quality CTR and PCRS services. This program area is intended for organizations not currently providing CTR and PCRS.

- This program is for the first year of a three year initiative.
- The intent of the first year is to lay the foundation for the development of three new CTRS/PCRS programs within the District of Columbia.
- It is designed to expand the capacity of CBO's regarding the understanding, implementation and evaluation of state of the art CTR and PCRS service delivery.
- During the subsequent two years of the program it is expected that AHPP will fund three new programs conducting CTR and PCRS services.
- During the two following years we expect to fund and support three new CTRS/PCRS programs that will target previously underserved populations identified by the DC HPCPG

Activities for this program area include:

- Research and development of protocols regarding the planning for and implementation of best practices for delivery of CTRS and PCRS services within the District of Columbia.
- Make sure pertinent staff attends workshops and trainings that are designed to inform both management and front line staff regarding the design, management and implementation of a state of the art CTRS and PCRS program.
- Develop a work plan (with timeline) for the implementation of both a CTRS and PCRS program that includes a plan for evaluation, data collection and reporting.



- Hire or identify a program manager to oversee the proposed CTRS and PCRS programs.
- Hire an HIV Counselor/Tester to conduct testing in the proposed CTRS and PCRS programs.
- The establishment of memorandums of understanding (MOA) with other service providers who carry out prevention, case management and primary care services.
- Conduct a three month demonstration CTRS and PCRS project targeting the populations identified by the grantee.
- Develop a year long work plan for carrying out CTRS and PCRS in the subsequent year after the ending of this grant.

Note: The cost of rapid test kits and controls for the four three month demonstration projects for program area two will be covered by AHPP and should not be reflected in budgets for program area two applications as out of pocket monies from funded agencies. This does not include program area one funded agencies.

B. Who will be served?

While AHPP is committed to providing services to the general public, this program area targets adolescents of color, women of color and men of color. The HPCPG has identified priority target populations. Applicants must choose at least one primary target population and may choose additional populations as secondary targets. Within the application narrative applicant must sufficient cause as to appropriateness of the choices for both the primary and secondary target populations. Applicants must also substantiate their ability to provide services for the target population by demonstrating evidence of both past performance and proven ties to the communities in question.

C. Basic Knowledge Required

Applicants must demonstrate an understanding of the impact of HIV/AIDS and HIV-risk for the populations and sub-groups they will target. This includes understanding modes of transmission, risk behaviors and access points for target populations in the District of Columbia, in specific neighborhoods/geographic areas and in venues in which the participating CBO's will eventually be conducting CTRS activities.

D. Specific Tasks and Deliverables

Each grantee under program area three is required to perform the following tasks and provide the following deliverables:

1. Develop a 12 month program plan to implement:
 - An 8 month program readiness project. Activities to be conducted during the 8 month period may include, but not limited to, community needs



- assessment, staff identification and recruitment, development of program and evaluation plan and activities necessary for effective delivery of CTRS and PCRS.
 - A four month fully functioning CTRS & PCRS demonstration project that will comprise outreach, CTRS and PCRS and evaluation, monitoring and reporting under the guidelines to be provided by AHPP.
2. Attend a monthly meeting with other Capacity Expansion providers and AHPP to create a shared work plan and share calendars, results and best practices.
 3. In cooperation with other Capacity Expansion providers develop a series of protocols of best practices for CBO's that is specific to priority target populations and venues specified by the CPG of the Washington DC EMA.
 4. Have each staff member intended to work in CTRS and PCRS programs attend at least 3 training and/or workshop concerning best practices for CTRS and PCRS concerning CTRS and PCRS.
 5. Have each staff member intended to work in CTRS and PCRS attend at least one HIV related stigma training/workshop/forum.
 6. Work with other Capacity Expansion providers, AHPP and CBO's to increase effectiveness and coordination of outreach efforts in the District's EMA.
 7. Collectively work with other Capacity Expansion providers and AHPP to coordinate an HIV CTRS Consortium for CTRS providers in the Washington DC EMA.
 8. Attend all AHPP HIV Counseling and Testing Consortium Meetings.



SECTION V – CONTINUED (SCOPES OF SERVICES)

Program Area Three - East of the River Initiative - Community Training and Referral Centers

A. Program Overview

In the past few years, the Department of Health/Administration for HIV/AIDS Policy and Programs (AHPP) identified that a disproportionately high rate of those HIV infected in the District of Columbia reside east of the Anacostia River in Ward 7 and Ward 8, and yet Department funded HIV testing, education, and prevention services were limited in Ward 8 and nearly non-existent in ward 7. To address these matters, AHPP began a three phase response to those constituent needs by first supporting a series of mini-grants targeting Ward 7. This program area constitutes the second phase of AHPP's response to the health needs of Ward 7 and 8 constituents while also addressing the service delivery gaps of routine HIV testing services provided in emergency rooms and other clinical settings. To continue addressing the education, prevention and service delivery needs of constituents residing in Wards 7 and 8, AHPP is funding two (2) community training and referral centers, one in each of the underserved wards (one in Ward 7 and one in Ward 8). A third phase to support or strengthen targeted HIV prevention behavioral-based interventions as a service offering in those wards is in development.

The purpose of this program is to initiate expansion of HIV prevention and education services east of the Anacostia River for HIV positive constituents residing in Ward 7 and 8, provide the training and make HIV prevention resources available for Ward 7 and 8 community members and service providers and to increase newly diagnosed HIV positive constituent's access to quality, supported referral services, specifically for persons who receive their HIV diagnosis in a medical or other non-traditional CTRS provider setting. The goals of this program are as follows:

- To increase the capacity of CBOs, faith-based organizations, key opinion leaders and other community stakeholders in Ward 7 and 8 to develop HIV prevention programs and services that address the HIV prevention and education needs of communities of color in those wards.
- To increase the secondary prevention education and social networking needs of HIV positive constituents of color in Ward 7 and 8 through a series of on-going support groups targeting gender-specific, high risk HIV positive populations.
- To improve the capacity of CBOs to implement community level outreach services that increase the Ward 7 and 8 community's AIDS awareness and knowledge regarding the availability of HIV testing, education and prevention



services throughout the District of Columbia, and in their respective wards in particular.

- To provide a referral hotline in each ward as an automatic link to care and support services through a phone-based referral and post-test counseling mechanism for clients who receive an HIV diagnosis in an emergency room or other medical/clinical setting.
- To reduce any service barriers for HIV positive clients who receive an HIV diagnosis in a non-traditional CTR service site to care and support services.

AHPP's core activities for this program are as follows:

1. Establishing a community training and resource center in Ward 7 and 8 to house a call center hotline, community capacity building trainings, support programming and HIV prevention materials distribution
2. Establish a call center hotline that operates a minimum of seven (7) days a week, ten (10) hours a day to respond primarily to clients of clinical service providers who receive an HIV diagnosis in a medical setting
3. Establish and maintain informal, on-going support services (e.g. support groups, discussion groups, etc.) for HIV positive constituents residing in Ward 7 and 8 in need of HIV secondary prevention education and a social network that supports individual secondary prevention efforts
4. Provide medical liaison services primarily to recently diagnosed clients of clinical service providers in need of supplemental referral support and systems navigational assistance
5. Provide on-going community forums and training of trainers to build the HIV prevention and skills building knowledge of community members, service providers and other key stakeholders, particularly those interested in establishing new or strengthening existing HIV/AIDS prevention education services in Ward 7 and 8
6. Establish and maintain relationships with community leaders in Ward 7 and 8 increasing their HIV/AIDS knowledge and provider opportunities to expand networks of reach for service delivery
7. Provide exhibitions and presentations through community level events that raise the community's AIDS awareness and constituent knowledge of available HIV testing, prevention and education services in their ward and throughout the District



8. Developing and implementing innovative outreach and other AIDS awareness building strategies for reaching high risk target populations and linking community members to the appropriate services

B. Who will be served?

The target audiences for programming within program area four are as follows:

1. HIV positive men of color who reside in Ward 7 and 8
2. HIV positive women of color who reside in Ward 7 and 8
3. HIV positive adolescents and young adults ages 13 to 24 who reside in Ward 7 and 8
4. Clients who receive an HIV diagnosis in an emergency room or other clinical settings
5. Clients who receive an HIV diagnosis in a non-traditional CTRS setting (i.e., high-volume AIDS service organizations, etc.)
6. Community leaders, CBOs, faith based organization representatives, youth service agencies and other community stakeholders who reside or are located in Ward 7 and 8

C. Basic Knowledge Required

Applicants must demonstrate an understanding of the following:

1. HIV/AIDS disease and disease progression, modes of transmission and access points for the target populations
2. Cultural, environmental and population specific risk factors and behaviors specific to the previously identified target populations
3. Basic HIV care and treatment options available to positive clients, HIV care and treatment services available in the District
4. District neighborhoods/geographic areas and HIV care, testing, treatment and prevention service venues, particularly in wards 7 and 8
5. District ADHAP, HOPWA and Ryan White Title I and II programs
6. Other non-traditional (e.g., non-federally funded) support and housing services available for or sensitive to the needs of HIV positive clients in the District



7. Crisis counseling, triage service provision and medical or clinical service systems
8. Cultural competency
9. Cultural, structural and institutional barriers to accessing care and other health services
10. Small group facilitation
11. Training of trainer design and facilitation techniques
12. Program design development (e.g., how to develop peer education programs, etc.)
13. Providing high quality customer service and quality control of customer service

D. Specific Tasks and Deliverables

Each grantee under program area four are required to perform the following tasks and provide the following deliverables:

1. The grant recipient is responsible for attending a monthly Counseling and Testing Referral Service (CTRS) meeting with CTRS providers.
2. The grant recipient is responsible for attending a monthly Ward 7 Collaborative (or TBA Ward 8 Collaborative) meeting with community leaders, stakeholders and service providers.
3. The grant recipient is responsible for attending a quarterly meeting with AHPP training staff to review training offerings, strategize through training issues and review Ward 7 community requests for training outside of the grant recipient's scope of training offerings.
4. The grant recipient is responsible for developing and implementing a program that serves to increase the number of District residents in Ward 7 and 8 who are aware of how to personally prevent HIV or further spreading HIV to their partners, who are aware of care, treatment and support services available in their ward and throughout the District for HIV positive individuals, linked into primary medical care and case management, referred to HIV prevention, STD screening/treatment and supportive programs.
5. The grant recipient is responsible for developing and submitting written guidelines and policies for the provision of HIV prevention education, support and/or social networking services and linkage/referral services that are in compliance with health department guidelines, protocols, procedures and performance standards.



6. The grant recipient is responsible for providing post-test counseling for newly diagnosed clients to prepare clients for managing their test result, increasing clients' awareness of local HIV care and treatment services and linking clients to the care, support, housing, education and treatment services available in the District. Of particular importance, referral for appropriate medical evaluation and clinical care, such as CD4 monitoring; viral load testing; antiretroviral therapy; and prophylaxis and treatment of opportunistic infections.
7. The grant recipient is responsible for ensuring that HIV positive individuals are referred, as needed, to the following services: oral health care, mental health care, substance abuse treatment, nutritional services, specialty medical care and other health services.
8. The grant recipient is responsible for identifying the client's risk factors and to direct the clients' understanding of behaviors that may compromise their health during the individual post-test counseling intervention session.
9. The grant recipient is responsible for developing criteria for identifying and prioritizing clients in need of medical liaison services and to then assist that client in navigating medical systems and assist the client in creating a client plan to ensure that persons who are infected and know their status are aware of and linked into primary medical care services, case management and other appropriate treatment programs.
10. The grant recipient is responsible for establishing and maintaining an on-going relationship with medical providers offering CTR services in emergency rooms and other clinical settings.
11. The grant recipient is responsible for partnering with AHPP and medical providers offering CTR services to establish protocols for post-test counseling referral and to develop and maintain systems for ensuring that testing providers in a clinical setting have service information and educational materials (e.g., palm cards, referral brochures, HIV education literature etc.) that link clients to post-test counseling and referrals for care, support and treatment services.
12. The grant recipient is responsible for maintaining a client record for each post-counseling intervention call and to create an on-going record review mechanism to ensure documentation is completed and accurate referrals are provided based on clients' identified risks and service needs.
13. The grant recipient is responsible for developing and implementing written plans for periodically assessing and documenting the following: 1) accessibility of services; 2) compliance with written protocols for provision of service to



individual clients; 3) appropriateness of services and materials to clients= culture language, sex, sexual orientation, and age; 4) staff performance and proficiency; 5) staff supervision; 6) compliance with program guidelines and performance standards; 7) appropriateness and acceptability of services to client needs; 8) plan for community involvement (e.g. volunteers, advisory committee, etc.).

14. The grant recipient is responsible for developing, submitting to AHPP and enforcing security policies and procedures that outline appropriate record keeping, protect client records and ensure on and off-site client confidentiality among grant recipient's service staff.
15. The grant recipient must establish a feedback mechanism between themselves and the agency/agencies providing the medical and support services. The established mechanism should be designed to track HIV infected individuals for follow up on linkages and referrals and ensure that clients were able to obtain needed services.
16. The grant recipient is responsible for conducting a risk assessment and providing referrals to appropriate prevention and risk reduction programs such as Comprehensive Risk Counseling Services (CRCS) or other relevant services (e.g. STD screening, diagnosis and treatment; substance abuse treatment; mental health services) for individuals who test negative but are still identified as a high risk individual and referred to post-test counseling service by a tester in a clinical setting.
17. The grant recipient is responsible for identifying the entity that will be used to train counseling and referral personnel and when the training will be conducted.
18. The grant recipient is responsible for being a free community resource for HIV/AIDS prevention tools (e.g., condoms, dental dams, female condoms, etc.) and educational literature in Ward 7 and 8.
19. The grant recipient is responsible for tracking the community's access of HIV/AIDS prevention resources (e.g., tools, prevention literature, social marketing materials, etc.).
20. The grant recipient is responsible for developing a community level outreach program that includes a system for responding to community exhibition and brief HIV/AIDS presentation requests.
21. The grant recipient is responsible for developing at least a monthly calendar of HIV prevention intervention trainings and implementing those trainings to meet



the community's capacity building training needs to develop HIV prevention intervention programming for communities of color in Ward 7 and 8.

22. The grant recipient is responsible for developing at least a weekly calendar of HIV small group support and/or social networking services for high risk priority populations, specifically HIV positive men of color, women of color, and/or adolescents of color ages 13 to 24 primarily residing in Ward 7 and 8.
23. The grant recipient is responsible for following the data collection and surveillance reporting guidelines set by the department of health (DOH), which includes entering and reporting data through the Program Evaluation Monitoring System (PEMS).
24. The grant recipient is responsible for attending Partner Counseling and Referral Services (PCRS) training, sending weekly e-mails every Monday to a designated AHPP-staff person identifying the number of clients in need of assistance with PCRS.
25. The grant recipient is responsible for self-evaluation, establishing and periodically reviewing performance indicators, and utilizing data-reporting tools developed and/or approved by the Administration for HIV Policy and Programs to conduct process and outcome monitoring for activities funded under this grant. Process and outcome monitoring is required for all health education/risk reduction activities, individual-level interventions, group-level interventions, comprehensive risk counseling services and training.
26. The grant recipient is responsible for working collaboratively with AHPP staff to implement and complete evaluation activities, including orientation, training and periodic review of quality assurance activities provided by AHPP.
27. The grant recipient must collaborate with AHPP and other HIV prevention providers in activities such as community mobilizations, public information and media campaigns, networking activities and crisis response initiatives directly targeting prioritized populations.



SECTION VI - PROPOSAL FORMAT

Applicants are required to follow the format listed below and each proposal submitted and must contain the following information:

SECTION / DOCUMENT	TOTAL PAGES (Not to Exceed)
Application profile (See Attachment A)	Not counted in page total
Table of Contents	
1. Knowledge and Understanding of Need	3 Pages
2. Program Description	21 Pages
▪ Program Model	
▪ Program Goals Objectives and Activities	
▪ Referrals and Linkages	
▪ Client Access and Retention	
▪ Management and Staffing	
▪ Evaluation Plan	
3. Linkages and Referral Capacity	4 Pages
4. Quality Assurance and Program Monitoring	2 Pages
5. Budget Table (See Attachment F) & Narrative Justification	Not Counted in Page Total
6. Certifications and Assurances (See Attachments B and C)	
7. Project Work Plan (See Attachment D)	
8. Staffing Plan (See Attachment E)	
9. Summary of Services (See Attachment G)	
10. Appendices (Resumes, Organizational Chart, Position Descriptions)	

The number of pages designated for each section is a recommendation. However, the maximum number of pages for the total proposal cannot exceed 30 **double-spaced pages**, on one side, on 8½ by 11-inch paper. Margins must be no less than one inch and a **font size of 12-point** is required (New Times Roman or Courier type recommended). Pages should be numbered. The review panel shall not review applications that do not conform to these requirements.



PROPOSAL FORMAT - *continued*

DESCRIPTION OF PROPOSAL SECTIONS

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that proposals reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services. Please see the review criteria in order to determine what areas of your proposal will be assessed and for how many points.

Applicant Profile

Each application must include an Applicant Profile, which identifies the applicant, type of organization, years of experience in similar programs, project service area and the amount of grant funds requested. **See Attachment A.**

Table of Contents

The Table of Contents should list major sections of the proposal with quick reference page indexing.

Knowledge and Understanding of Need

This section of the application should contain a description of the proposed target population, including identified needs and barriers to recruiting, engaging and retaining persons in programs. This section should also describe the applicants experience with working the target population and learning, observing and addressing needs. See *review criteria for additional information about how this section will be scored.*

Program Description

This section of the application should describe in several sub-sections the proposed program model, goals, objectives and implementation plan. **See review criteria for additional information about how this section will be scored.** This section should contain the following components:

- **Program Design/Model** - Name or describe the specific program model or approach that will be used to reach the target population. The applicant should



specify the theory, approaches, and relevance of the program model to addressing the HIV prevention needs of the proposed target population.

- **Program Goals, Objectives and Activities** - The development of program objectives for this application should be guided by the performance indicators outlined in the scope of work of this RFA. Please use Attachment D (Work Plan Template) to outline your goals and objectives. Use this narrative section to summarize your program goals, objectives and activities and the extent to which they are achievable given your program design, and in all phases (years) of your proposed program. This section should also describe the applicant's timeline for start-up of the proposed program activities.
- **Linkages and Referral Capacity** - This section should contain a description of how the applicant will help clients who are at high risk for HIV or who are HIV-positive get the services and treatment they need (e.g., HIV & STD counseling and testing; medical, mental health, and drug use treatment, and social services such as housing and transportation). The applicant should describe existing service level agreements and relationships with other providers or networks to facilitate referrals to and from the proposed program. Also include copies of any agreements in the appendix.
- **Client Access and Retention** – This section should outline the applicants plan to ensure access to the target population and measures to retain them in activities.
- **Management and Staffing of the Program** - This section should contain a description of how the applicant will manage the program, including information on the skills and experience of the program staff.

Evaluation Plan

This section should contain a description of how the applicant will evaluate the proposed program. The applicant should explain how it will determine if it meeting the objectives listed above, how it will collect and analyze data, who will be responsible for the evaluation, and how it will use the evaluation information to improve the proposed program, if needed.

Quality Assurance and Program Monitoring

In this section the applicant should describe how it would determine the training needs of the program's staff and provide that training, and how it will determine the organization's needs for technical assistance and obtain the necessary assistance. The applicant should also describe its plans for quality assurance and program monitoring.



Program Budget and Budget Narrative

Standard budget forms are provided in Attachment F. The budget for this proposal shall contain detailed, itemized cost information that shows personnel and other direct and indirect costs. The detailed budget narrative shall contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Personnel

Salaries and wages for full and part-time project staff should be calculated in the budget section of the grant proposal. If staff members are being paid from another source of funds, their time on the project should be referred to as donated services (i.e., in-kind, local share and applicant share). Applicants should include any matching requirements, either case or in-kind.

Non-personnel

These costs generally include expenditures for space, rented or donated, and should be comparable to prevailing rents in the surrounding geographic area. Applicants should also add in the cost of utilities and telephone services directly related to grant activities, maintenance services (if essential to the program) and insurance on the facility.

Costs for the rental, lease and purchase of equipment should be included, listing office equipment, desks, copying machines, word processors, etc. Costs for supplies such as paper, stationery, pens, computer diskettes, publications, subscriptions and postage should also be estimated.

All transportation-related expenditures should be included, estimates of staff travel, pre-approved per diem rates, ground transportation, consultant travel costs, employee reimbursement and so forth.

Indirect Costs

Indirect costs are cost that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.



Certifications and Assurances

Applicants shall provide the information requested in Attachments B and C and return them with the application.

Appendices

This section shall be used to provide technical material, supporting documentation and endorsements. Such items may include:

- Annual audits, financial statements and/or tax returns;
- Indication of nonprofit corporation status (required);
- Roster of the Board of Directors;
- Proposed organizational chart for the project;
- Letters of support or endorsements;
- Staff resumes (required); and
- Planned job descriptions.



SECTION VII - REVIEW AND SCORING OF APPLICATIONS

REVIEW PANEL

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's proposal, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/AHPP shall make the final funding determinations.

SCORING CRITERIA

Criterion A:	Eligibility	Not Scored
Criterion B:	Knowledge and Understanding of Need	10 Points
Criterion C:	Theoretical & Technical Soundness of Proposal	70 Points
Criterion D:	Linkages and Referral Capacity	10 Points
Criterion E:	Quality Assurance	10 Points
Criterion F:	Budget Justification	Not Scored

APPLICATION REVIEW

Applicants' proposal submissions will be objectively reviewed against the following specific scoring criteria:

Criterion A Eligibility Not Scored

This section of your application will be reviewed to determine if you are eligible for funding. If the applicant does not meet the criteria for eligibility, the application will not be reviewed further. A letter will be sent to the applicant explaining that they did not meet the eligibility criteria. All other applicants meeting eligibility requirements are not guaranteed funding.

Criterion B Knowledge and Understanding of Needs 10 Points

This section of your application will be reviewed to determine the extent to which the application demonstrates:

- B-1 Knowledge and understanding of risk behaviors, characteristics and needs of the target population
 - B-2 Knowledge and understanding of barriers to recruiting and retaining the proposed target population in similar programs.
-



- B-3 Applicant's experience and credibility in working with the proposed target population, and the extent to which the applicant has identified needs based on that direct experience.
- B-4 Applicant has involved the target population in developing its program plan and activities.

Criterion C Theoretical & Technical Soundness of Proposal 70 Points

This section of the application will be scored based on the proposed program model, implementation plan, performance objectives, quality assurance plan and evaluation plan.

Specific review criteria shall include the extent to which the applicant demonstrates the following:

C-1 PROGRAM MODEL 10pts

- (a) The applicant proposes to implement a program model with documented evidence of effectiveness for the specific target population/s and/or venues to be reached.
- (b) The applicant demonstrates prior success in implementing the proposed program model (with evidence of effectiveness and documented results).

C-2 PROPOSED IMPLEMENTATION PLAN 25 pts

- (a) The applicant describes sound program goals, objectives that are time-phased, measurable and specific.
 - The objectives are performance-based and reflect the performance indicators outlined in the RFA for the program area.
 - The proposed number of proposed service and client targets are reasonable given program objectives.
 - The applicant includes objectives for linkages and referrals to relevant services and provides a plan for monitoring these activities.
- (b) The applicant has developed a timeline with the start and completion dates of the program's major activities.
- (c) The applicant describes how the program will be managed and the skills and experience of the program staff.



C-3 CLIENT ACCESS & RETENTION

The applicant describes how it will ensure that the target population is aware of its program and is able to access the proposed services and be retained in services proposed.

Criterion D: Linkages and Referral Capacity 10 Points

- (a) The applicant describes a plan to refer program participants to the supportive services and treatment they need and has identified the organizations it will work with to provide those services.
- (b) The applicant has developed a plan to keep track of whether clients have accessed the services to which the proposed program has referred the clients.

Criterion E: Quality Assurance 10 Points

In this section, the applicant discusses how it will provide quality assurance, and program monitoring as it relates to the proposed program's goals and objectives, and discusses activities, staffing/ resources, data collection and its time line.

- E-1 The applicant provides information on how staff's activities will be monitored and assessed to determine if established guidelines and protocols are followed, and to determine skills-building and training needs identified.
- E-2 The applicant provides sufficient information on how client – level data will be managed in compliance with HIPPA regulations and in accordance with approved service delivery protocols.

Criterion F: Budget Justification NOT SCORED

In this section the applicant provides a detailed description of its budget needs and the type and number of staff it needs to successfully provide the proposed activities. The applicant sufficiently demonstrates how the operating costs will support the activities and objectives it proposed. The applicant appropriately uses a portion of its budget proposed for evaluation activities. **NOTE:** HAA may not approve or fund all proposed activities or expenditures. The Applicant should give as much detail as possible to support each budget item, and list each cost separately when possible.

- | | | |
|------------|--|-----|
| F-1 | The applicant's proposed budget is reasonable and realistic. | Not |
|------------|--|-----|



F-2	The resources and personnel proposed are sufficient to achieve the objectives of the proposed program	Scored
		Not
		Scored

Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the District of Columbia Department of Health or the Administration for HIV Policy and Programs (AHPP). The final decision on awards rests solely with the Director of the Department of Health. After reviewing the recommendations of the review panel based on prior experience, and any other information considered relevant, DOH shall decide which applicant to award funds and the amount to be funded.



ATTACHMENTS

A	APPLICANT PROFILE
B	CERTIFICATIONS
C	ASSURANCES
D	WORKPLAN
E	STAFFING PLAN
F	BUDGET TABLE
G	ORIGINAL RECEIPT
H	SUMMARY OF SERVICES



ATTACHMENT A

Applicant Profile

Applicant Name: _____

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact Person: _____

Office Address: _____

Telephone : _____

Fax: _____

E-Mail Address: _____

Program Description: _____

Program Area:

- ☐ HIV Counseling, Testing and Referral Services
- ☐ HIV Counseling Testing and Referral Services Expansion Program
- ☐ East of the River HIV Initiative – Community Training and Referral Centers

BUDGET

Total Funds Requested: \$ _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer**



**Certifications Regarding
Lobbying; Debarment, Suspension and Other Responsibility
Matters; and Drug-Free Workplace Requirements**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code. And implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – III, "Disclosure of Lobbying Activities," in accordance with its instructions; I, the undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.



2. Debarment, Suspension, And Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

1. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c.) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

2. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

1. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

3. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;



<p>(b) Establishing an on-going drug-free awareness program to inform employees about—</p>
<p>(1) The dangers of drug abuse in the workplace;</p>
<p>(2) The applicant's policy of maintaining a drug-free workplace;</p>
<p>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</p> <p>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;</p> <p>I Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);</p> <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—</p> <p>(1) Abide by the terms of the statement; and</p> <p>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> <p>(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: [INSERT OFFICE], 441th 4th St., NW, 400 South, Washington, DC 20001. Notice shall include the identification number(s) of each effected grant;</p> <p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—</p> <p>(1) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or</p> <p>(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>



(3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e), and (f).

B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace (Grantees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for grantees as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

[District of Columbia, Department of Health- Office of Grants & Contracts Management
(825 North Capital Street, NE- 3rd Fl, Washington, DC 20002.

As the duly authorized representative of the applications,
I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

ASSURANCES

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A-87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements - 28 CFR, Part 66, Common Rule, that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA), list of Violating Facilities and that it

ATTACHMENT C

will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

ATTACHMENT C

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier Resources Act (P.L. 97-348), dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

Signature

Date

ATTACHMENT D

Proposed Work Plan

Prevention and Intervention Services Grant

Agency:		Program Model / Name:	
Program Area:		Primary Target Population:	
GOAL 1: <i>[Example: Provide outreach and referral services for persons at risk for HIV through injection drug-use.]</i>			
Measurable Objectives/Activities:			
Process Objective #1: <i>[Example: By December 31, 2003, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]</i>			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 		
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			
Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 			

Make additional copies of this page as needed

PAGE ____ of ____

ATTACHMENT E

**Proposed Staffing Plan
Prevention and Intervention Services Grant**

Agency:

Program Area:

NAME	POSITION TITLE	FILLED/ VACANT	ANNUAL SALARY	% OF EFFORT	START DATE

Director Signature: _____

Date: _____

ATTACHMENT F**BUDGET**
Prevention and Intervention Services Grant**Agency:****Date of Submission:****Service Area:****Project Manager:****Budget:****Telephone #:**

CATEGORY	ADMINISTRATION	PROGRAM SERVICE
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Subtotal Direct Costs		
Indirect/Overhead		
TOTAL:		

ATTACHMENT G

**Prevention and Intervention Services Grant
RECEIPT**

**District of Columbia, Department of Health
ADMINISTRATION FOR HIV POLICY AND PROGRAMS
64 NEW YORK AVENUE, NE SUITE 5001
WASHINGTON, DC 20002**

**Prevention and Intervention Services Grant
RFA #072806**

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
ADMINISTRATION FOR HIV POLICY AND PROGRAMS
IS IN RECEIPT OF**

(Contact Name/Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone)

(Fax)

(E-mail Address)

(Program Title- If applicable)

\$ _____
(Amount Requested)

Program Area for which funds are requested in the attached application:
(Check Just one per Application)

- ☐ Program-Area One
☐ Program-Area Two
☐ Program-Area Three

[District of Columbia, Department of Health USE ONLY]
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES
RECEIVED ON THIS DATE: _____ / _____ / 2006
TIME RECEIVED: _____
RECEIVED BY: _____

ATTACHMENT H

Summary of Proposed Targets

Please use the following tables to summarize the number and demographics of the unduplicated number of individuals you expect to reach with your services during the Program Period. Please include a **separate set** of tables for **each intervention type** (ex. CTR and OUTREACH) you are proposing to implement.

AGENCY: _____

INTERVENTION: **CTR**

Table 1

	13 to 24 years old			25 to 45 years old			46 or older			
F=Female; M=Male; T=Transgender	M	F	T	M	F	T	M	F	T	Totals
Black IDUs										
White IDUs										
Latino IDUs										
API IDUs										
Black MSM										
White MSM										
Latino MSM										
API MSM										
Black MSM/IDUs										
White MSM/IDUs										
Latino MSM/IDUs										
API MSM/IDUs										
Black Heterosexuals										
White Heterosexuals										
Latino Heterosexuals										
API Heterosexuals										
Pregnant (with/at risk for HIV)										
Totals										

Table 2 (See Note below)

	13 to 24 years old			25 to 45 years old			46 or older			
M=male, F=female, T=transgender	M	F	T	M	F	T	M	F	T	Totals
Immigrants										
Homeless										
Sex Workers										
Mentally Ill										
Non-Injection Drug Users										
Incarcerated / Ex-Offenders										
Deaf / Hard of Hearing										
Totals										

NOTE: Some of the targets outlined in Table 2 can be duplicates of the targets outlined in Table 1. For example, a program proposing to target 100 API heterosexual women in Table 1 may have 20 targets that would also be described as non-injection drug users. Table 2 would indicate that 20 non-injection drug using women are targeted.